



# OFFICE OF THE STATE FIRE MARSHAL



**New Castle County**

Delaware Fire Service Center  
2307 MacArthur Road  
New Castle, DE 19720-2426  
302-323-5375/Fax 302-323-5366

**Kent County**

Delaware Fire Service Center  
1537 Chestnut Grove Road  
Dover, DE 19904-1544  
302-739-4447/Fax 302-739-3696

**Sussex County**

Delaware Fire Service Center  
22705 Park Avenue  
Georgetown, DE 19947-6303  
302-856-5600/Fax 302-856-4607

## APPLICATION FOR TENT PERMIT

Return **COMPLETED APPLICATION,**  
a **LOCATIONS DRAWING OR SKETCH,**  
**and CERTIFICATE OF FLAME RESISTANCE**  
with a check or money order in the amount of \$25.00  
made payable to the *State of Delaware*.

DATE: \_\_\_\_\_

1. \_\_\_\_\_  
NAME OF APPLICANT/ORGANIZATION

2. \_\_\_\_\_  
ADDRESS

\_\_\_\_\_

3. \_\_\_\_\_ PHONE # \_\_\_\_\_  
INDIVIDUAL FOR CONTACT

4. \_\_\_\_\_  
LOCATION OF TENT(S)

5. \_\_\_\_\_  
MAXIMUM OCCUPANCY

6. \_\_\_\_\_ DATE OF TENT INSTALL  
DATE OF EVENT

7. DID CERTIFICATES OF FLAME RESISTANCE ACCOMPANY THIS APPLICATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

APPLICATION IS HEREBY MADE FOR A TENT PERMIT, AND SHALL COMPLY WITH ALL PROVISIONS OF THE FIRE PREVENTION RULES AND REGULATIONS OF THE STATE OF DELAWARE, ADOPTED CODES AND ORDINANCES.

<b>Fire Marshal Use Only</b>	
Date Rec'd:	_____
Check #:	_____
Fee Rec'd:	_____
Permit #:	_____
Expiration Date:	_____

\_\_\_\_\_  
Signature of Applicant/Title

\_\_\_\_\_  
E-mail Address

